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U.S. Malaria Prevention and Treatment Programs

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Senator Coburn, Senator Carper, thank you for again allowing me to testify on behalf of the Administration regarding the United States' malaria prevention and treatment programs. Since this subcommittee's last hearing on the topic, the President has changed our global malaria strategy fundamentally in scope, size, and structure. Additionally, USAID has implemented necessary, complementary changes to its ongoing malaria programs. These changes, I believe, ensure greater effectiveness and accountability, provide critically-needed global leadership, and will ultimately save many more lives.

The most important development is the President's Malaria Initiative, or PMI, which is a multi-agency program led by USAID and including HHS/CDC, State Department and others. The PMI will reduce significantly the number of Africans who die from malaria and will challenge other donors to make similar commitments. President Bush's commitment of an additional $1.2 billion over the next five years is unprecedented in the fight against malaria. The goals of PMI are ambitious: reduce by 50 percent the number of deaths from malaria in the target countries. The program will eventually include up to 15 countries and provide prevention and treatment for 175 million Africans.

PMI's life-saving activities will help motivate other donors, and private, public and voluntary organizations to complement the United States commitments by providing additional funding.

PMI is a comprehensive and sustainable approach to saving lives. Its methods include purchase and distribution of medicines for treatment (ACTS), distribution of medicines for prevention of malaria in pregnancy, distribution of long-lasting insecticide-treated bednets to prevent insect bites and to kill mosquitoes, and indoor spraying with insecticides to kill mosquitoes.

The speed with which we have begun to implement the PMI also is unprecedented. In less than six months after the President announced the initiative, USAID and our partners were in the field implementing programs that differ considerably from their predecessors. Right now, the PMI is conducting an indoor spraying campaign in southern Angola to protect over 600,000 people from epidemic malaria outbreaks; we distributed 130,000 long-lasting insecticide-treated nets in Zanzibar; and in about a week we will begin the distribution of 395,000 free long-lasting insecticide-treated nets in war-ravaged northern Uganda, among many other activities.

PMI is a very different way of doing business than past practice. The hallmarks of the PMI are first and foremost programming based on clearly defined numerical targets for outcomes. Second is transparency in how the money is being spent. Third is a robust and effective monitoring and evaluation plan. This approach provides assurance that taxpayers' money is being spent effectively.

PMI's size and structure also provide opportunities to fight malaria in Africa in ways we could not just a few years ago. In the past, USAID used the relatively small amount of funds to implement programs focused on issues such as policies to adopt artemisinin combination therapies (ACTs) over failing treatments, and efforts to address the lack of production capacity for ACTs and insecticide-treated bed nets. Much of that work is now finished. With the PMI, we now have the opportunity to design and implement many simultaneous, large-scale, comprehensive, country-wide programs throughout Africa.

But that opportunity also necessitated changes to those programs currently outside the PMI - sometimes called the "non-PMI" programs. These are the structural changes to the malaria program that USAID announced in December of last year. One of the most visible changes is the elimination of programs that were simply too small to be effective on a scale we require. Second is a correction of the imbalance between technical assistance and commodities within country programs. Third is the opportunity to push the dialogue and thinking about indoor residual spraying as a frontline tool to fight malaria in tropical Africa.

The rapid scale-up of the PMI means that next year more resources and more coverage will be inside the PMI target countries than outside of the PMI. As a consequence, having two parallel but different malaria programs running side by side is as impractical as it is undesirable. Because PMI will expand rapidly, any real distinction between the two is temporary, and the programs that fall outside the PMI have to start making critical adjustments now, including the emphasis on life-saving commodities, reporting on planned activities and allocations, and programming more money. In the case of IRS, this year we will spend approximately $20 million on spraying - about a twenty-fold increase over fiscal year 2004. In at least three of the eight countries where USAID will support IRS this year, DDT will be a primary insecticide. As some countries move into the matrix of PMI countries, the specific numerical targets and the monitoring and evaluation regime will also apply. In short, the changes we instituted to the "non-PMI" are part and parcel of the creation of a single, large-scale, target-driven strategy to fight malaria in Africa and demonstrate results.

What we have begun to do with the PMI, as with the President's Emergency Plan for AIDS Relief (PEPFAR), is to plan and judge our programs based on outcomes, not simply on how much money we put in. The difference is simple but profound. It demands a new level of programmatic transparency and documentation that in return provide confidence in effectiveness to allow the President to make multi-year commitments to ramp up funding accordingly. Targets keep agencies, individuals, and entire governments focused. With accurate data, targets provide unambiguous measures of success or failure and allow informed judgments about whether a program is effective and whether it should continue to be funded. Ultimately, that not only makes for good management, and is more satisfying for those of us charged with implementing them, but also makes for more effective programs. In the case of the PMI, that means the opportunity to fill a global leadership role in the fight against malaria and to save millions of lives that might otherwise be lost to a preventable and curable disease.